

**Renal Dialysis Clinic
Provider Type 39**

Information about the program:

- Out-of-state providers may enroll.
- Forms must be signed by authorized personnel.
- Providers must have “bricks & mortar”.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- Medicare Letter of certification
- State license (current and reflecting requested enrollment date)
- W-9
- NPI and Taxonomy Verification

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602